



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount LLC

Respondent Name

Hartford Accident & Indemnity Co

MFDR Tracking Number

M4-16-2837-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

May 16, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: Specifically the claim was submitted on 2/5/16 and it was received by the provider on 2/8/16 (as verified by the attached proof of delivery) and no action was taken on the claim). Sentrix resubmitted the bills for reconsideration on 4/8/16 and it was received by the provider on 4/11/16 (as verified by the attached proof of delivery)."

Amount in Dispute: \$1,717.28

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Provider, Sentrix Pharmacy & Discount, LLC. Pursuant to your Request dated 6/16/16, Sentrix has submitted a revised bill for the date of service(s) on behalf of the Provider providing the unit of measurement for each ingredient along with the charges for the drugs, as separately listed with the respective NDC code for each compounded ingredient."

Response Submitted by: Vividus

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 2, 2016	Pharmacy Services – Compound	\$1,717.28	\$1,144.85

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 sets out the requirements for payment or denial of a medical bill.
3. 28 Texas Administrative Code §134.502 sets out the procedures for pharmaceutical benefits.
4. 28 Texas Administrative Code §134.503 sets out the fee guidelines for pharmaceutical services.

5. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
6. The documentation submitted to the division does not include explanations of benefits.

Issues

1. Did Hartford Accident and Indemnity Co (Hartford) take final action to pay, reduce, or deny the disputed services?
2. Is Sentrix entitled to additional reimbursement?

Findings

This medical fee dispute was filed by health care provider Sentrix Pharmacy and Discount LLC (Sentrix) on May 16, 2016. Sentrix on its table of disputed services asserts that it was not paid by Hartford Accident and Indemnity Co (Hartford) for the compound it dispensed to a covered injured employee on February 2, 2016.

1. According to Texas Labor Code Sec. 408.027(b), Hartford was required to pay, reduce, or deny the disputed services not later than the 45th day after it received the pharmacy bill from Sentrix. Corresponding 28 Texas Administrative Code §133.240(a) required Hartford to take **final action** by issuing an explanation of benefits not later than the statutorily-required 45th day. 28 Texas Administrative Code §133.2(6) defines final action as follows:

Final action on a medical bill—

- (A) sending a payment that makes the total reimbursement for that bill a fair and reasonable reimbursement in accordance with §134.1 of this title (relating to Medical Reimbursement); and/or
- (B) denying a charge on the medical bill.

Although there is evidence to support that Hartford received a medical bill for the service in dispute on February 8, 2016, Hartford failed to timely take the following actions:

28 Texas Administrative Code §133.240:

- (a) An insurance carrier **shall take final action** [emphasis added] after conducting bill review on a complete medical bill...**not later than the 45th day** [emphasis added] after the insurance carrier received a complete medical bill...
- (e) The insurance carrier **shall send the explanation of benefits** [emphasis added] in accordance with the elements required by §133.500 and §133.501 of this title...The explanation of benefits shall be sent to:
 - (1) the health care provider when the insurance carrier makes payment or denies payment on a medical bill...

Hartford's failure to timely issue an explanation of benefits to Sentrix creates a waiver of defenses that Hartford raised in its response to medical fee dispute resolution under 28 Texas Administrative Code §133.307(d)(2)(F):

The [carrier's] response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review...

Absent any evidence that Hartford raised defenses that conform with the requirements of Title 28, Part 2, Chapter 133, Subchapter C, the division concludes that the defenses presented in Hartford's position statement shall not be considered for review because those assertions constitute new defenses pursuant to 28 Texas Administrative Code §133.307(d)(2)(F).

2. 28 Texas Administrative Code §134.503 applies to the compound in dispute and states, in pertinent part:
 - (c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:
 - (1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

- (A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;
- (B) Brand name drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \4.00 dispensing fee per prescription = reimbursement amount;
- (C) When compounding, a single compounding fee of \$15 per prescription shall be added to the calculated total for either paragraph (1)(A) or (B) of this subsection; or
- (2) notwithstanding §133.20(e)(1) of this title (relating to Medical Bill Submission by Health Care Provider), the amount billed to the insurance carrier by the:
 - (A) health care provider; or
 - (B) pharmacy processing agent only if the health care provider has not previously billed the insurance carrier for the prescription drug and the pharmacy processing agent is billing on behalf of the health care provider.

The compound in dispute was billed by listing each drug included in the compound and calculating the charge for each drug separately as required by 28 Texas Administrative Code §134.502(d)(2).

Each ingredient is listed below with its corresponding reimbursement amount as applicable.

Ingredient	NDC & Type	Price/ Unit	Total Units	AWP Formula §134.503(c)(1)	Billed Amt §134.503 (c)(2)	Lesser of (c)(1) and (c)(2)
Amantadine 8%	38779041109 Generic	\$24.23	9.6 gm	$\$24.23 \times 9.6 \times 1.25 = \253.49	\$232.56	\$232.56
Amitriptyline 2%	38779018908 Generic	\$18.240	2.4 gm	$\$18.24 \times 2.4 \times 1.25 = \54.72	\$43.77	\$43.77
Baclofen 4%	38779038808 Generic	\$35.63	4.8 gm	$\$35.63 \times 4.8 \times 1.25 = \213.78	\$171.02	\$171.02
Gabapentin 5%	38779246108 Generic	\$59.85	6.0 gm	$\$59.85 \times 6.0 \times 1.25 = \448.44	\$359.10	\$359.10
Ketoprofen 10%	38779007805 Generic	\$10.45	12.0 gm	$\$10.45 \times 12.0 \times 1.25 = \156.75	\$125.40	\$125.40
Versatile Base	51552134308 Generic	\$2.50	85.20 gm	$\$2.50 \times 85.20 \times 1.25 = \266.25	\$213.00	\$213.00
Total						\$1,144.85

The total reimbursement is therefore \$1,144.85. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,144.85.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,144.85, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		11/21/2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.